PAYMENT POLICY		
Behavioral Health Diversionary Services		
Original Date Approved	**Effective Date**	**Revision Date**
3/1/2022	4/9/2025	1/8/2025
Applies to Products:		
☒ Senior Care Options MA	☒ One Care MA	

PAYMENT POLICY STATEMENT:

Commonwealth Care Alliance, Inc. (CCA) has established a payment policy that outlines behavioral health (BH) diversionary services for all products and aligns with state and federal BH guidelines.

DEFINITIONS:

Diversionary Services: Mental health and substance use disorder (SUD) services designed to help individuals upon returning to the community after a hospital stay or provide support as an alternative to BH inpatient services.

American Society of Addiction Medicine (ASAM): A professional society in the field of addiction medicine that sets diagnostic and dimensional criteria for the delivery of SUD treatment which includes a continuum of five basic levels of care from Early Intervention to Medically Managed Intensive Inpatient Treatment.

Current Procedural Terminology (CPT): A numerical or alphanumerical five-digit code used to classify medical services and procedures to help report information more accurately and efficiently.

Healthcare Common Procedure Coding System (HCPCS): (Also known as HCPCS Level II) An alphanumeric code starting with an alphabetical letter followed by 4 numeric digits; it is used to identify medical related products, supplies, and services not included in the CPTS codes for billing purposes.

Modifier: A two-digit alphabetic, numeric, or alphanumeric code used to indicate a specific circumstance that altered a procedure or service without changing its definition or code and provides more information about the procedure or service performed.

Revenue Codes: A 4-digit number that is used on facility claims to tell where the patient was when they received treatment, or what type of item a patient may have received.

International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM): A standardized system used to code diseases and medical conditions when diagnosing patients.

CMS-1450: (also known as UB-04) Claim form used for institutional (facility) services.

CMS-1500: (also known as HCFA) Claim form used for professional services.

AUTHORIZATION REQUIREMENTS (If applicable):

CCA requires prior authorization for Residential Eating Disorder Treatment Services.

The following services require notification within 48 hours of admission: Acute Treatment Services (ATS), Enhanced Acute Treatment Services (EATS), Clinical Stabilization Services (CSS), and Individualized Treatment and Stabilization (ITS).

REIMBURSEMENT GUIDELINES:

CCA covers medically necessary BH diversionary services as outlined in state and federal guidelines and policies. BH diversionary services are used as an alternative to inpatient BH services to provide intensive support to maintain functioning within the community. These services have two categories, 24-Hour BH Diversionary Services and Non-24-Hour Diversionary Services. **NOTE:** *CCA recommends utilizing date ranges when billing for specific diversionary services to ensure accurate HEDIS measurements.*

24-Hour Diversionary Services

Acute Treatment Services (ATS): ATS services are 24-hour, seven days a week medically monitored addiction treatment services that provide evaluation and withdrawal management. These services include assessment, use of approved medications for addictions, individual and group counseling, educational groups, and discharge planning. Pregnant women receive specialized services to ensure SUD treatment and obstetrical care. Covered individuals with co-occurring disorders receive specialized services to ensure treatment for their co-occurring psychiatric conditions. ATS services must be billed on a UB-04 claim form using the below codes:

ASAM Level	Rev Code	Code	Description
3.7	1002	H0011	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (medically monitored inpatient detoxification services)

*1 unit = 1 day

Enhanced Acute Treatment Services (EATS): EATS are services for covered individuals with co-occurring addiction and mental health disorders that require a 24-hour level of care. The level of care includes detoxication services by an inpatient treatment facility and treatment for the covered individual's mental health needs, including psychopharmacologic evaluation and treatment for stabilization. Services also include 24-hour consultation availability, 24-hour nursing care and observation, counseling by staff trained in addiction and mental health treatment, and overall monitoring of medical care. EATS services must be billed on a UB-04 claim form using the below codes:

ASAM Level	Rev Code	Code	Modifier	Description
3.7	1002	H0011	HH	Alcohol and/or drug services; acute detoxification (residential addiction program inpatient) (medically monitored inpatient detoxification services)

*1 unit = 1 day

Clinical Stabilization Services (CSS): CSS services are 24-hour treatment services for SUD that include intensive education and counseling regarding the nature of addiction and consequences, outreach to families and significant others, and aftercare planning for individuals starting to engage in addiction recovery. CSS services can be used independently or following ATS. Covered individuals with co-occurring disorders receive coordination of transportation and referrals to mental health providers to ensure treatment for their co-occurring psychiatric conditions. Pregnant women receive coordination of their obstetrical care. CSS services must be billed on a UB-04 claim form using the below codes:

ASAM Level	Rev Code	Code	Description
3.5	1002	H0010	Alcohol and/or drug services; sub-acute detoxification (residential addiction program inpatient) (Clinically Managed Detoxification Services)

*1 unit = 1 day

Community Crisis Stabilization (CCS) Services: CCS services include short-term psychiatric treatment in structured, community based therapeutic environments and are an alternative to hospitalization. CCS provides continuous 24-hour observation and supervision for covered individuals who do not require the intensive medical treatment in hospital level of care. CCS services must be billed on a UB-04 claim form using the below codes:

Code	Modifier	Description
S9485	ET	Crisis intervention mental health services, per diem. (Adult Community Crisis Stabilization per diem rate)

*1 unit = 1 day

Individualized Treatment and Stabilization Services (ITS): ITS has two tiers, Tier 1 and Tier 2.

- Tier 1 provides integrated ATS and CSS services in a single location for stabilization and continuity of care and serves covered individuals who are involuntarily committed to treatment due to the severity and level of impairment cause by their SUD. All expectations for ATS and CSS service models must be met including licensure requirements.
- Tier 2 provides enhanced ATS and CSS services in a single location for stabilization and continuity of care. It serves covered individuals who have co-occurring disorders and multiple unsuccessful treatment episodes at lower levels of care who

would benefit from fewer transitions between levels of care and enhanced engagement interventions. All expectations for ATS and CSS service models must be met.

ITS services must be billed on a UB-04 claim form using the below codes:

ASAM Level	Rev Code	Code	Modifier	Description
3.5/3.7	1002	H2036	HK	Alcohol and/or other drug treatment program, per diem (individualized treatment and stabilization (Tier 1))
3.5/3.7	1002	H2036	HF	Alcohol and/or other drug treatment program, per diem (individualized treatment and stabilization (Tier 2))

*1 unit = 1 day

Residential Rehabilitation Services (RRS): RRS services are clinically managed low-intensity residential services that provide a 24-hour, seven days a week supervised structured and comprehensive environment. These services help covered individuals fully stabilize in recovery through scheduled, goal-oriented clinical services in conjunction with ongoing support and assistance to help develop and maintain the interpersonal skills necessary for developing recovery skills. RRS services include:

- ***RRS for Adults***
- ***Co-occurring Enhanced RRS (COE-RRS)***
- ***RRS for Young Adults***
- ***RRS for Families***
- ***RRS for Pregnant/Postpartum Women***

RRS services should be billed on a UB-04 claim form with the below codes:

Code	Modifier	Description
H0019		Alcohol and/or drug abuse halfway house services, per diem (Residential Rehabilitation for Adults), without room and board
H0019	HH	Behavioral health; alcohol and/or drug abuse halfway house services, per diem (Residential Rehabilitation Co-occurring Enhanced for 16 beds)
H0019	HF	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services for transitional age youth and young adults: youth residential substance use disorder treatment)
H0019	HR	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (Family Residential Treatment)
H0019	HD	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (residential rehabilitation services postpartum enhancement)

H0019	TH	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem (pregnant/ parenting women's program) (Residential Rehabilitation Pregnant Enhancement)

*1 unit = 1 day

Residential Eating Disorder Treatment Services: Residential eating disorder treatment is a service that requires 24-hour safe, structured environment, located in the community, which supports covered individuals with eating disorders. This level of care is a structured therapeutic program that is intended to replicate real-life experiences with the support of a multidisciplinary team who deliver evidence-based behavioral health and medical approaches along with nutritional approaches to support covered individuals in recovery. These services must be billed on a UB-04 claim form using the codes below:

Code	Description
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem
T2033	Residential care, not otherwise specified (NOS), waiver; per diem

*1 unit = 1 day

Non-24-Hour Diversionary Services

Intensive Outpatient Services (IOP): IOP is a mental health treatment service that provides time-limited, multidisciplinary, multimodal structured treatment in an outpatient setting for covered individuals requiring a clinical intensity that exceeds outpatient treatment. These services are designed to improve functional status, provide stabilization, divert inpatient admission, and facilitate reintegration into the community following discharge from inpatient services. Services include individual, group, and family therapy as well as case management services. IOP services must be billed using the codes below:

Rev Code	Code	Description
905	S9480	Intensive outpatient psychiatric services, per diem
906	S9480	Intensive outpatient program for substance use disorders

*1 unit = 1 day

Partial Hospitalization Program (PHP): PHP services offer short term day mental health programming seven days a week as an alternative to inpatient mental health services. These services consist of therapeutically intensive acute treatment within a stable therapeutic milieu and include daily psychiatric management. PHP must be billed using the codes below:

Rev Code	Code	Description
912	H0035	Mental health partial hospitalization, treatment, less than 24 hours

*1 unit = ½ a day; 2 units max per day allowed

Ambulatory Withdrawal Management: Ambulatory withdrawal management are outpatient services for covered individuals who are experiencing a serious episode of excessive substance use or withdrawal complications. These services provided under the direction of a physician and are designed to stabilize the individual's medical condition under circumstances where neither life nor significant bodily functions are threatened. The severity of the individual's symptoms will determine the setting, as well as the amount of nursing and physician supervision necessary during the course of treatment. These services must be billed using the codes below:

Code	Description
H0014	Alcohol and/or drug services; ambulatory detoxification

*1 unit = 1 visit

Structured Outpatient Addiction Program (SOAP): SOAP are clinically intensive SUD services offered in a structured setting that can be used to help an individual transition from an inpatient SUD program. These services can also be used for individuals who need more structured outpatient services, and may include specialized services for pregnant women, adolescents, and adults who need 24-hour monitoring. SOAP services must be billed using the codes below:

Code	Description
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)

*1 unit = ½ a day; 2 units max per day allowed

Enhanced Structured Outpatient Addiction Program (E-SOAP): E-SOAP provides short-term, clinically intensive, structured day and/or SUD services. E-SOAP specifically serves specialty populations including homeless individuals and people at risk of homelessness, pregnant individuals, and adolescents. E-SOAP services must be billed using the codes below:

Code	Modifier	Description
H0015	TF	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education (Enhanced Structured Outpatient Addiction Program, 3.5 hours, not to exceed 2 units a day)

*1 unit = ½ a day; 2 units max per day allowed

Program of Assertive Community Treatment (PACT): PACT services are for individuals with serious illness who have not responded well to program or office-based interventions and may benefit from intensive coordinated services. It utilizes a multi-disciplinary team approach to providing acute, active, and long-term community-based

mental health treatment, outreach, rehabilitation, and support. PACT helps individuals maximize their recovery, set goals, and be in the community. These services are available 24 hours a day, seven days a week, 365 days a year, as needed within the community. PACT services must be billed with the codes below:

Code	Modifier	Description
H0040		Assertive community treatment program, per diem (PACT programs with 50 slots)
H0040	HT	Assertive community treatment program, per diem (PACT programs with 80 slots)
H0040	H9	Assertive community treatment program, per diem (Forensic program)

*1 unit = 1 day

Psychiatric Day Treatment: Mental health services that are a combination of diagnostic, treatment, and rehabilitative services provided to individuals with mental or emotional disabilities who need more active or inclusive treatment than is typically available through a weekly visit to a mental health center or hospital outpatient department, but who do not need full-time hospitalization or institutionalization. Psychiatric day treatment uses multiple, intensive, and focused activities in a supportive environment to enable individuals to acquire skills to live an independent life in the community. These services must be billed with the codes below:

Code	Description
H2012	Behavioral health day treatment, per hour

*1 unit = 1 hour

Community Support Program (CSP): CSP are a variety of services delivered by a community-based, mobile, multi-disciplinary team of professionals and paraprofessionals that provide essential services to covered individuals with a long standing history of a psychiatric or SUD, to covered individuals who are at varying degrees of increased medical risk, or who have behavioral health issues challenging their optimal level of functioning in the home/community setting. These services include outreach and supportive services delivered in a community setting with varying hours, type of services, and intensity of services depending on the individuals' needs. Below are different types of CSP services:

- ***Community Support Program-Tenancy Preservation Program (CSP-TPP)***: A specialized CSP service that addresses the health-related social needs of members who are at risk of homelessness and facing eviction as a result of behavior related to a disability. CSP-TPP works with the individual, the Housing Court, and the individual's landlord to preserve tenancies by connecting them to community-based services to address the underlying issues causing the lease violation.
- ***Community Support Program for Justice Involved individuals (CSP-JI)***: A specialized CSP service that addresses the health-related social needs of individuals with justice involvement who have a barrier to accessing or consistently using medical and behavioral health services.

- ***Community Support Program for Homeless Individuals (CSP-HI)***: A specialized CSP service that addresses the health-related social needs of individuals who
    - are experiencing homelessness and are frequent users of acute health services; or
    - are experiencing chronic homelessness, as defined by the US Department of Housing and Urban Development.

CSP services must be billed using the below codes. Claims should also include the following, a secondary diagnosis of instable housing (Z59.811) for CSP-TPP and a secondary diagnosis of homelessness (Z59.00, Z59.01, Z59.02) for CSP-HI.

Code	Modifier	Description
H2015		Comprehensive community support services, per 15 minutes (Community Support Program)
H2016	HE	Comprehensive community support services, per diem (Community Support Program Tenancy Preservation Program)
H2016	HH	Comprehensive community support program, per diem (integrated mental health/substance abuse program) (Community Support Program for Justice Involved)
H2016	HK	Comprehensive community support services, per diem (specialized mental health programs for high-risk populations) (Community Support Program for Homeless Individuals)

*1 unit = 1 day

Recovery Support Navigator (RSN): RSN are specialized care coordination services for individuals who have SUD rendered by a paraprofessional with specialized training in SUD and evidence-based techniques. This service helps individuals access and receive treatment, including withdrawal management and step-down services, and to stay motivated for treatment and recovery.

Code	Modifier	Description
H2015	HF	Comprehensive community support services, per 15 minutes (Recovery Support Navigator)

*1 units = 15 minutes

Recovery Coaching: A nonclinical service provided by peers who have lived experience with SUD and who have been certified as recovery coaches. Recovery coaches help individuals start treatment and also serve as a guide to help individuals maintain recovery and stay in the community.

Code	Modifier	Description
H2016	HM	Comprehensive community support program, per diem (Enrolled Client Day) (recovery support service by a recovery advocate trained in Peer Recovery Coaching)

*1 unit = 1 day

Certified Peer Specialist Services (CPS): CPS is a person who has been trained by an agency approved by the Massachusetts Department of Mental Health (DMH) who is a self-identified person with lived experience of a mental health disorder and wellness that can effectively share their experiences and serve as a mentor, advocate, or facilitator for individuals experiencing a mental health disorder.

Code	Modifier	Description
H0046	HE	Mental health services, not otherwise specified (Certified Peer Specialist Services)

*1 unit = 15 minutes

Service Limitations

The following services will not be reimbursed for reasons explained below:

- SOAP or E-SOAP services will not be reimbursed when rendered on the same day as SUD outpatient group counseling services for the same member.
- CSP services will not be reimbursed when a member is receiving inpatient or long-term care services in an acute or chronic hospital, a psychiatric hospital, or level II or III nursing facility. Services will be reimbursed as part of support for transition between service settings, including connecting with the member as part of the member's discharge planning from an inpatient or 24-hour diversionary setting and supporting them through the transition to accessing outpatient and community-based services and supports.
- Housing related expenses like move-in fees or eviction prevention fees will not be reimbursed.
- CPS services rendered to individuals that are incarcerated or detained in a correctional institution will not be reimbursed.
- Transitional Support Services (code H0018) are carved out of managed care and will not be reimbursed by CCA.

RELATED SERVICE POLICIES:

Behavioral Health Inpatient Services

Behavioral Health Outpatient Services

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies and procedures and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, CCA has the right to expect the provider/facility to refund all payments related to non-compliance. CCA reserves the

right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

REFERENCES:

MassHealth 130 CMR 429.000 Mental Health Center Manual
https://www.mass.gov/doc/mental-health-center-regulations/download

MassHealth 130 CMR 418.000 Substance Use Disorder Treatment Manual
https://www.mass.gov/doc/substance-use-disorder-treatment-services-regulations/download

MassHealth 130 CMR 448.000 Community Behavioral Health Center Manual
https://www.mass.gov/doc/community-behavioral-health-center-services-regulations/download

MassHealth 130 CMR 461.000 Community Support Program Services Manual
https://www.mass.gov/doc/community-support-program-services/download

MassHealth 130 CMR 417.000 Psychiatric Day Treatment Manual
https://www.mass.gov/doc/psychiatric-day-treatment-program-regulations/download

MassHealth 130 CMR 630.000 Home- and Community-Based Services Manual
https://www.mass.gov/doc/home-and-community-based-services-waivers-regulations/download

MassHealth 101 CMR 362.00 RATES FOR COMMUNITY SUPPORT PROGRAM SERVICES
https://www.mass.gov/doc/rates-for-community-support-program-services-effective-april-1-2025-0/download

POLICY TIMELINE DETAILS:

1. Drafted January 2022
2. Revision: January 2022
3. Approved: February 2022
4. Implemented: April 2022
5. Revision: October 2022, added Eating Disorder Acute Residential Treatment (H0017 or T2033) code (Effective January 2023)
6. Revision: January 2025, policy split into two separate policies (BH Diversionary and BH Inpatient Services), updated template, added definitions, added descriptions for each service with table showing allowed codes, added limits under code tables where applicable
7. Revision: April 2025, added code H2015 to table under CSP, added rev code 1002 to table under ITS, added separate line for rev code 906 under IOP, removed children/adolescents from CSP description, removed secondary dx requirement for CSP-JI